

[Company Name]

[Street Address]
[City, State, Zip]
[Phone Number]
[License Number]

INVOICE

Invoice #: _____
Date: _____
Project ID: _____

Bill To:

[Client Name]
[Installation Address]
[City, State, Zip]
[Email/Phone]

System Specifications:

System Size: _____ kW
Panel Type: _____
Inverter Type: _____

Description	Quantity	Unit Price	Total
Solar Panels (Photovoltaic Modules)			
Inverter & Monitoring System			

Description	Quantity	Unit Price	Total
Racking & Mounting Hardware			
Electrical Components & Wiring			
Installation Labor & Engineering			
Permitting & Inspection Fees			
Subtotal: \$0.00			
Tax: \$0.00			
Incentives/Rebates: (\$0.00)			
Total Balance: \$0.00			

Payment Terms: Net [30] Days. Please make checks payable to [Company Name].

Notes: Warranty documentation and system manual attached. Interconnection approval pending final inspection.